FOR - STATE

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR

DHMH - 16 60M 7/84

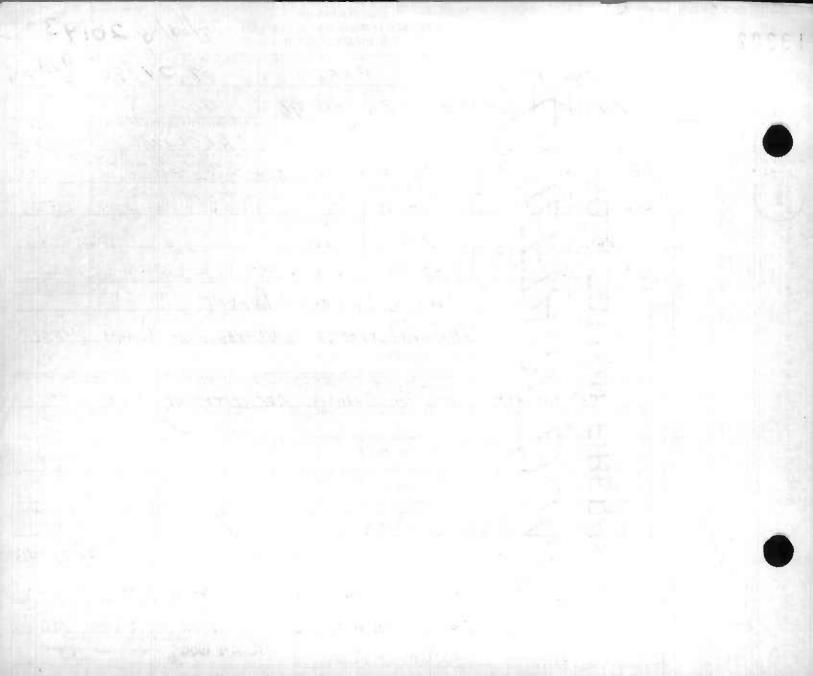
(VRA 15, 4)

STATE OF MARYLAND

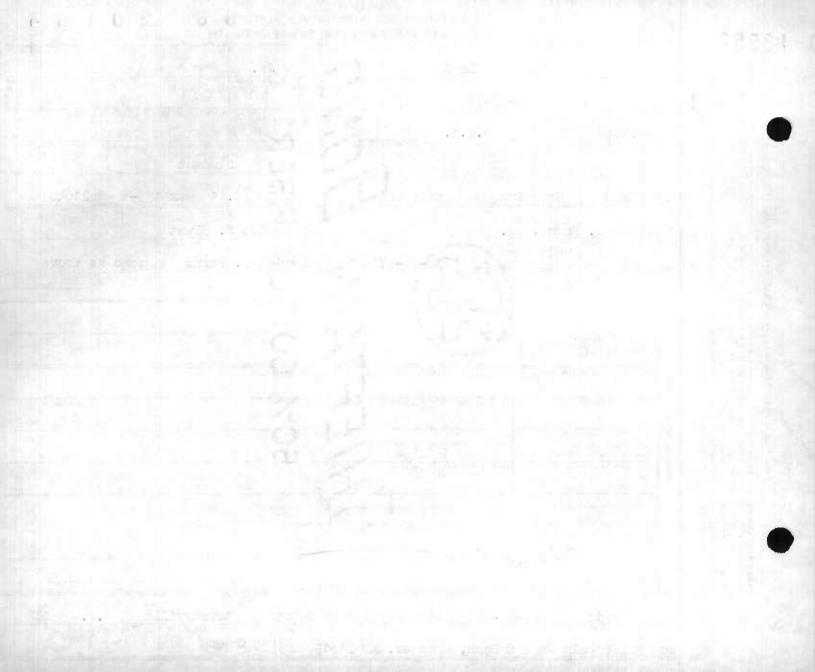
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07/28/86 20143

		REGISTRAR			CEKTIF	ICATE OF DEATH	REG. NO.	200					
		CEASED NAME FIRST	۸	AIDDLE	L.	AST	20. DATE OF DEATH	the Days	Texa	HOUR			
		THOMA	000.	PH		BRADY	07/2	4/8	6	3451 PA			
	3. SE)	×	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BELLES	# LINDER JAHES.					
0		MALE	WHI	Te	05	04 96	90 YRS.						
2		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIET	NEVER MARRIED	OUNTY OF D	EATH					
		ew Jersey	4.5.	H.	WIDOWE	D DIVORCED	Ne	Coa	W/Y MD.				
P	10 CI	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION		L KIND OF	F BUSINESS OR				
1	J	DENTON	WESL	EYAN	HE	ALTH CAR	icer	DOUTKI					
٢	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	134 STREET ADDRESS / ZII	CODE					
2	M	Maryland Ta	bot	St Mich	-	YES X NO	103 N. Harbo	or Driv	ve	21663			
1	M. FA	ATHER'S NAME	MIDOLE	LAST		15. MOTHER'S MAIDEN NA			LAST				
u		John		Bra	dv	Marv	MIDDLE	1	VicCar				
		WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRESS						
4		Yes (1918-	-1919	138-20-	7306	John J. Br	ady P. O. Box	1047 E	Easto	n MD			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (o), (b), on	id (c).)		0		BETWEEN	MATE INTERVAL INSET AND DEATH			
			E CAUSE (o)	CARNIO	PULM	LONARY A	PRECI						
		The second second	DUE TO, OF	AS & CONSEQU	ENCE OF			0		/			
		Conditions, if ony, which gove rise to immediate	(b)	MATERI	OSCIA	FROTIC GAR	BIOVASCULAR	MISEMS	E/	GRONIC-			
-		couse (o), stoting the underlying couse lost.	DUE TO, OF	AS A CONSEOU	ENCE OF			- 9	(				
			(c)										
	z	PART 2. OTHER SIGNIFICANT O	4	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN	PART IIo				
-	CERTIFICATION	190 DATE OF OPERATION	7711	DIE	O C	HRONIC DE		TEF	7				
2	FIC	176 DATE OF OPERATION	198 CONDI	I IOI4 FOR WHICH	OPERATIO	N WAS PERFORMED		LERTIFYING	CAUSES	OF DEATH?			
-	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OI	FINITIPY		Tale HOW IN HIPV OCCUR	YES NO	YES		но 🗆			
ø		OR CONTRIBUTING CAUSE OF DEA	110110 4 1		AY YEAR	THE HOW HAJORT OCCUP	RRED (ENTER NATURE OF INJURY IN	JEM 18 PART TO	RPART 2)				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED	21e PLACE C		19	211 LOCATION							
	ME	WHILE   NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, I	FARM ETC )	STREET	CITY OR TOWN	C	OUNTY	STATE			
		AT WORK AI WORK											
		220.1 certify that (I) (this hospi	-		86	d that in (my) (aur) animon	deoth occurred on the date of			hot (1) (we) lost			
		saw, the decested alive an abave, (I) (w) (did) (did)na 776 SIGNATION	t) view the body	after death.	-	DEGREE	deom occurred on the dote o						
	15	11/2 1/1	/			ATTENDING	MEDICAL STAFF		20 DATE	DS /-//			
Н		THE PHYSICIAN'S NAME (TYPE)	QAAB			PHYSICIAN	DIRECTOR   PHYSICIAN		7/	XX / 70			
		Donah	M. C	A	A								
-	22. 0	L ANRUCE /		CIND 1	MD		1th Services,	Dentor	ח אט	21629			
	230 8	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cour		STATE			
	24 FI	BURIAL UNERAL DIRECTOR	7/25	/80   SI	pring	Hill Cemeter		Talb		MD			
		NAME		ADDRESS			JE REC'D. BY REGISTRAR 256.			JRE Herena			
	Ne	ewnam Funeral Ho	ome	Easton	, Mary	/land				- B			



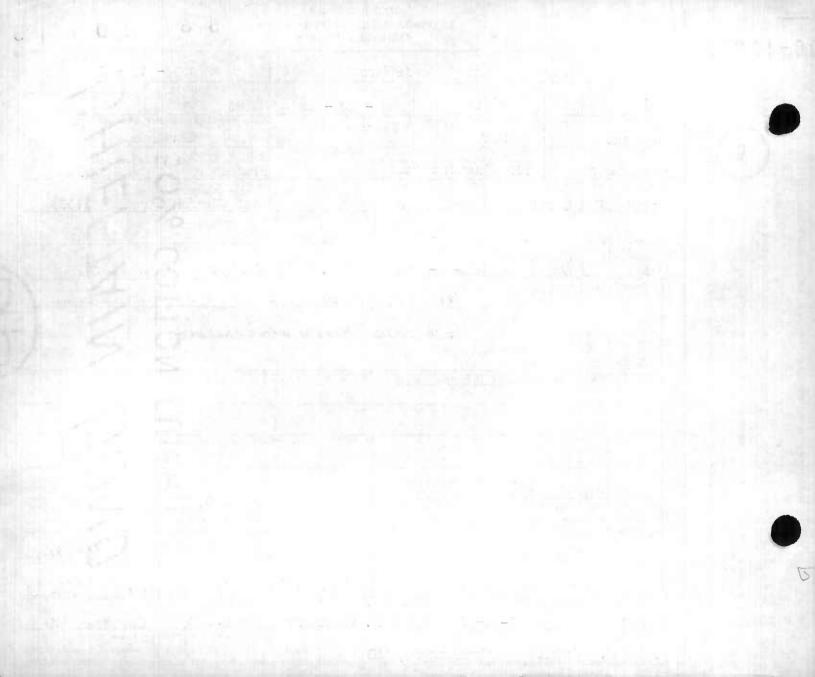
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	10	rr2	1-	STATE REGISTRAR		MED	DICAL EXAMIN	ER'S C	ERTIFICATE C	OF DEATH	REG. NO.		
	13	227		CEASED NAME	FIRST		MIDDLE		LAST	2a DATE KI		NTH DAY Y	YEAR ZUJHOUR
		2000 E	(TYI	PE OR PRINT)	ROBERT	T	rvin	7	BURNS J	OF	ESTI-		96
		HEASE HECTOR. HILES. HOURS STREET,	1 SE	4. RAC		DATE OF BIRTH	6 AGE (IN YE		DER 1 YR. IF UNDER		MON		YEAR 2d HOUR
		ARPY, PA	1	M	, c	05-25-71				MIN PRONOUNCE DEAD	7		86 7:30 86 Pm
		A HE WELL		IRTHPLACE (STATE OR DREIGN COUNTRY)	76	CITIZEN OF WH	IAT COUNTRY?	MARRI	ED NEVER MARR	IED F 9. BALTIMO	RE CITY OR COL	UNTY OF DEAT	Н
		23250		Maryland		U.S.	.A.	WIDOW	ED DIVORO	ED Caro	line Cou	nty	MD.
		の音が出る	10 C	ITY OR TOWN OF DE	ATH 11		PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a USUAL OCCUPA FOR MOST OF WORKE		OR IND	OF BUSINESS
		BAY S	F	lenderson		(Home)				Student	WG LIFE)	OKIIAD	OJIKI
	=	ACASS -	USU	AL RESIDENCE (IF IN NI	136. COUNTY	THER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSI		Lead and the class of the control	la cancer connec			
	2120	\$30000		aryland	Carol	ine	Henderson		13d INSIDE CITY LIMITS?	Rt. 1 Bo	x 175-A	216	40
		H. 783.	-	ATHER'S NAME					15 MOTHER'S MAID	EN NAME			
	m,	57.8915		Robert I.	_	Sr.	LAST		FIRST	ine P. Blur		LAST	
	O	S S S S S S S S S S S S S S S S S S S	16q. \	VAS DECEASED EVER	Burns,		166. SOCIAL SECURIT	Y NO.	17. INFORMANT	rue r. bru	ADDRESS		
	NE NE	URS AFTER DE	()	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR		218-72-17			D D			
	W.	S SEE S	-	NO 18 CAUSE OF DEA	THE STATE OF THE S			15	Caunerine	e P. Burns	sam	e as ab	XIMATE INTERVAL
	ST.	10 O T (1) S W		PART I DEATH V	VAS CAUSED B	f	for (a), (b), and (c).)						ONSET AND DEATH
	20			IMMEDIATE CAUSE (0) ASPHYX1A  ( DUE TO, OR AS A CONSEQUENCE OF									
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	0.	A A A A A A A A A A A A A A A A A A A		Conditions, if ony, which gove rise to immediate (b) Inhalation of aerosol									
	3	OR LENT		couse (o) stoting the <u>under-lying</u> DUE TO, OR AS A CONSEQUENCE OF									
	. 20	O SEE				(c)		- 7					
	ORDS	HOULD BE EXECUTED WITHIN 24 HOULD BE EXECUTED WITHIN 24 HORD "FIELE MEDICAL EXAMINER ALON USED AS A BURIAL- TRANSIT PEIN OF HEALTH AND MENTAL HYGIEN PIRAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICAT	IT CONDITIONS CON	TRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	IINAL DISEASE	OR CONDITION GIVEN IN PA	IRT 1 ta			
	REC	WEN WEN TEAL	CERTIFICATION	19g. DATE OF OPER	ATION	19h CONDIT	ION FOR WHICH OPER	W MOITAS	AS PERFORMED?			20 AUTO	DECV2
	3	CERTIFICATE SHOULD STING THE WORD."PE DED TO THE CHIEF AS 3 SHOULD BE USED A SHORT TO FIRE TO PERFECT TO BURIAL, CONTRACTOR TO SHORT TO BURIAL, CONTRACTOR TO SHORT T	FIC										
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	ō	SHEDES		UNDERLYING	OR	HOUR A.M.	MONTH DAY YEAR	R					
	0	TOT OF SECTION OF SECT	MEDICAL	CONTRIBUTING 21d. INJURY OCCUR			7-21- 1986		Ject found	with plast	tic bag	over ne	ad.
	Ž.	CE 3 CE STEP	WE	WHILE NOT AT WORK	WHILE DK	STREET, FACTO	ORY, FARM, ETC.)	S1	TREET	CITY OR TOWN		COUNTY	STATE
	0	E, WRIT RWARDI RWARDI PAGE : STATE D ), 21201		AT WORK AT V	VORK	ho	me	Rt.	311	Henderson	Ca	roline	MD
				22a 1 certify that	I took charge o	f the remoins desc	ribed obove, held on	Autops	X Inspectio	n , Inquiry	, ond in my	y opinion	
		<b>₹</b> ⊑₩ <b>0</b> ±2		death resulted from	n: Noturol c	ouses .	Accident . Su	icide .	Homicide .	Undetermined man	ner XX		
1		ARY ARY			1	00			TITLE (SPECIFY)				
		A FILL		ACTUAL SIGNATURE	MA	(2N	5	M	D Assistan	t MEDICAL EXAMIN	DA SIC	TE 7-2	2-86
		MEDICAL COUTE THE SE 4 SHO FUNERAL ITAMORE,			Mac	9		1					
				(TYPE OR PRINT)		M. Dixón	, M.D.		ADDRESS 111	Penn St., I	dalto.,	MD 212	0.1
G		PAT PAT P	23a B	URIAL, CREMATION, I	REMOVAL 236	DATE	23c. NAME OF CE	METERY OF	RCREMATORY	23d. LOCATION		COUNTY	STATE
	07/84	BP		Burial	07	7-24-86	Stevensv	ille	Cemetery	Stevens		Q.A.	MD
	25M	DHMH - 17	24. F	UNERAL DIRECTOR		ADDRESS			25a. DATE	REC'D. BY REGISTRAR	256 REGISTRAR	Zillula and Zillula	Ma
		(VR A15 ME (5))	To	m Helfenbe	ein Fune		, Chester,	MD 21	1619 JUL	28 1986	was being	100 - 1 Jan 20-	



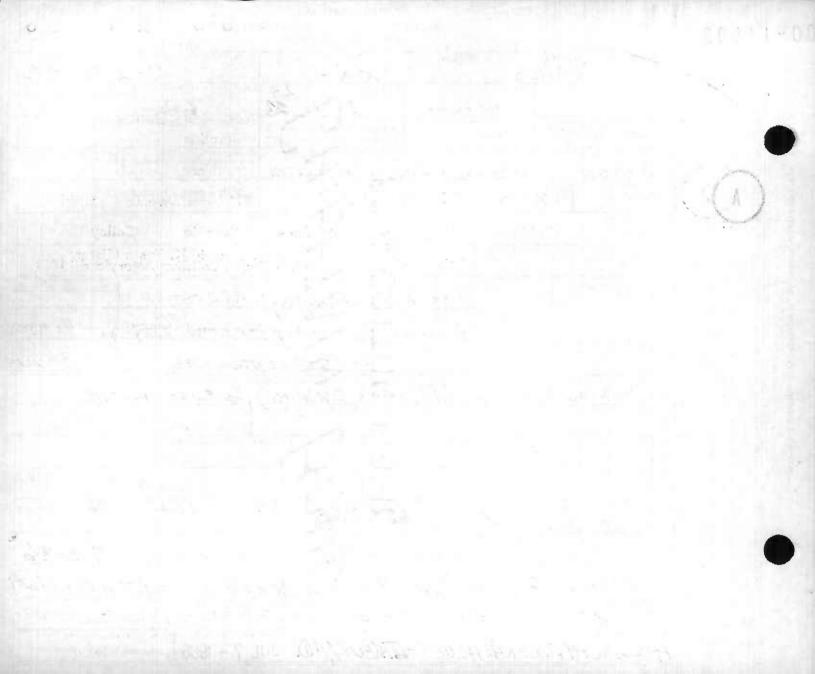
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



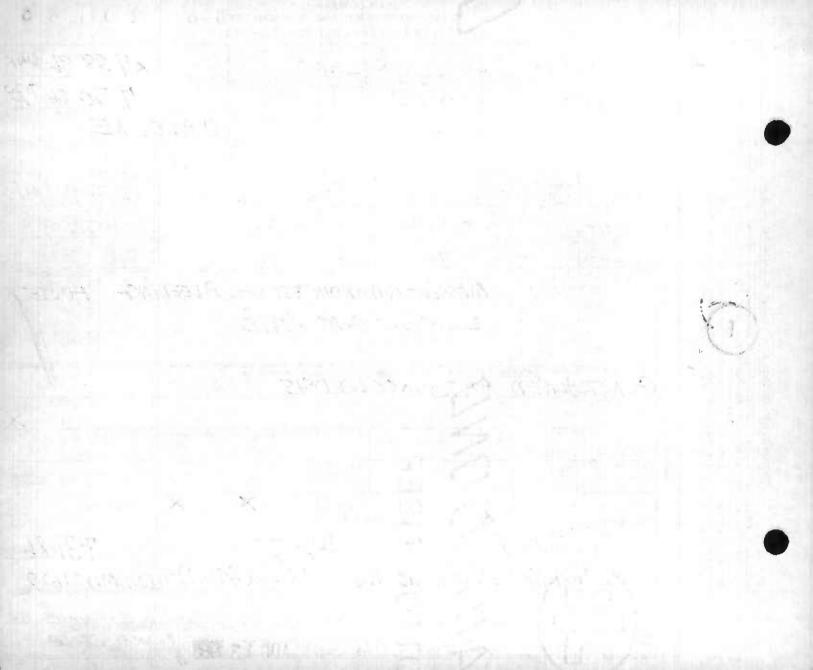
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15813		Norfolk, Virginia	76. CITIZEN OF WH	HAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED X	9. BALTIMORE CITY O Caroline	R COUNTY OF	DEATH	MD.
90	1.0	ONTOWN OF DEATH		ACILITY, GIVE STREET		ROTHER INSTITUTION CALE CENTER	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O None		2b. KIND OF NDUSTRY	BUSINESS OR
13	M N	TATE aryland		E RESIDENCE BEFORE	E ADMISSION]	134 INSIDE CITY LIMITS? YES NO	214 Hazel	ZIP CODE Avenue	218	01
1001		THER'S NAME Arthur Clo	nirborne	King	10	15. MOTHER'S MAIDEN NA Adelaide	Eugenia	Ba	iley LAST	
Poper (	16a W	AS DECEASED EVER IN U.S. A		112-90-3		17 INFORMANT Mr. 14 Kearney C				
physicia papers neval eest, fe		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per lin ED BY: ATE CAUSE (o)	e for (o), (b), on	dicin 10 PU	LMONARU	ARREST			MATE INTERVAL INSET AND DEATH
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Then plear to burio	NO	PART 2. OTHER SIGNIFICANT MENTAL R	CONDITIONS CON	TON (D	DEATH BUT	NOT RELATED TO THE TERM	SEIZURI	DITION GIVEN I	N PART 110	
hos been it.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH	OPERATIO!	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
certificate oriol-transit ental Hygie lear-18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	LAIII	MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
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espire ECTO ed for in 21		sow the deceosed olive of obove (I) (we) (did) (did r 22b. SIGNATURE	ot) view the body of	ter deoth.		d that in my (our) opinion	death accurred on the do	ote and hour one		
AL DIR Jeroche ore Dep IT: If he		Mary	F. Ca	mpay	rolo	ATTENDING PHYSICIAN [	MEDICAL STAR	F IAN 🗌	7-2	1-86
TO FUNERAL Should be detoined by the Should be detoin with the Stote IMPORTANT: If		MARY	F. CAN	(PAGNO	LO,MD	P.O. Bo)	(660)	DENTO	N, MI	,21629
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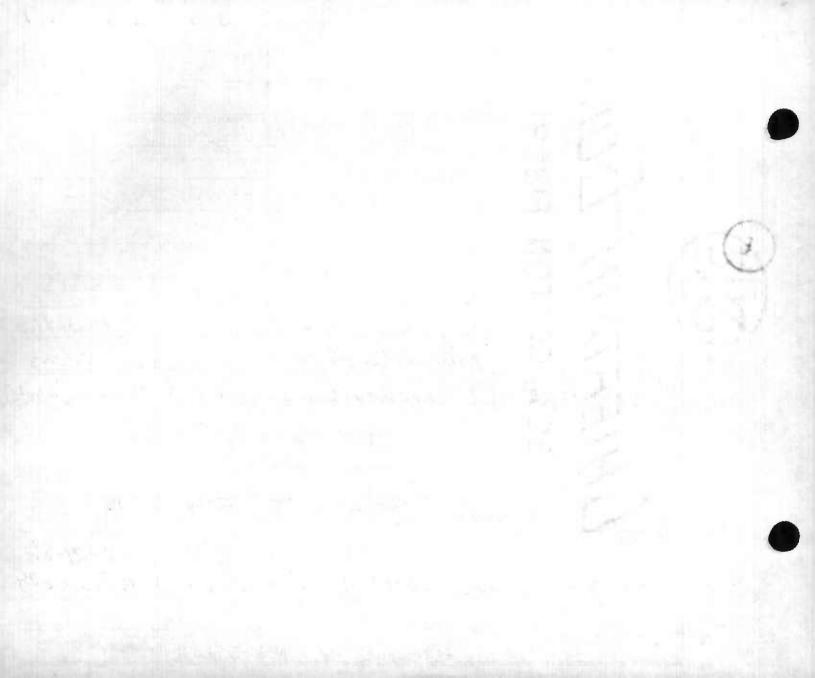
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_020-12305		REGISTRAR	MEI	DICAL EXAMIN	IEK 2	CERTIFICATE		REG. I	NO.		
25 S. S. F.		CEASED NAME FIRST POSEPH	AD.	DISON.	PA	TCHEL	6-6-	E KNOWN ESTI- TH MATED	July	7 19 8k	5.0 A
S NECESSARY, PLEASE FUNERAL DIRECTOR. ES ARR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS	3. SE)	M WHITE	5. DATE OF BIRTH	YEAR LAST BIRTHO		HS DAYS HOURS	MIN PRONO	ATE DUNCED AD	Til	7 86	9:30 A
AL YOU	7a B	RTHPLACE (STATE OR	76 CITIZEN OF WE	IAT COUNTRY?	1	UF0	9. BAL	TIMORE CITY	OR COUNT	Y OF DEATH	I J M
SE S		ethlehem, Md.	U.S.A.			TIED NEVER MARR	= 1 / 1	AROL	ME		MD.
Y IS N THE P.C.	10 C	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH		T26. USUAL OC	CUPATION (1	TYPE OF WORK	OR INDUS	USINESS
TO THE PAGE AND TH		eston	Rt. 1,	Box 143			Farmer-		ter	OR INDUS	ikt
1200	13a. S	TATE 136 COUN		13c. CITY OR TOWN Preston	ION)	13d. INSIDE CITY LIMITS? YES NO	Rt. 1,	Box 14	3 2	1650	5
E, MD.	14. F/	ATHER'S NAME FIRST I. Patchett	MIDDLE	LAST		15 MOTHER'S MAIDI		MIDDLE		LAST	
BUVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120] S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER PARTIENTING THE WORD "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES 35 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 A ID PEDEMARKANENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF PENCINE TO BURIAL, CREMATION, OR REMOVAL.	16s \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	213-03-96		Joseph A.			ss Laur , 511		
ISTON ST., BAL NO 24 HOURS AR NO 17EM 18. GIV ALONG WITH SIT PERMIT. PAG AYOVAL.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	y ane cause per line BY: E CAUSE (o)	far (a), (b), ond (c), )	IAL	INF	TROTT	ON		APPROXIMA BETWEEN ONS	TE INTERVAL
STOP A LOFE T PEI T PEI T PEI		IMMEDIA		AS A CONSEQUENCE	OF	- 11	1 1	)		1	
PRE CILIE		Conditions, if ony, which gove rise to immediate	(b) A	21enosch	00	TIC HED	rth	11502	se	chro,	DIC
RDS, 201 W. EXECUTED W. ING. IN PEN NO. IN PEN N BURIAL-TR H AND MENT		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. F. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE F. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 27201 PRIOR TO BEDRIAL, CREMATION, OR REMOVAL.	NO	PREVIOUS N	140 Card	NOT NOT RELATED TO THE TERM	AINAL DISEAS	SE OR CONDITION GIVEN IN PA	na Bra	ain sy	indroi	ne	
ULD ULD HEA A HEA	CERTIFICATION	196 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION	VAS ERFORMED?			-	20 AUTOPS	(?
F VITAL RE WORD "PE CHIEF A BE CHIEF A BE USED." I BENT OF HE	1 H		_							YES 🗌	NO X
CRITICATE ITING THE WISION OF VITING THE WEB TO THE DEPARTMEN I PRIOR TO BE	ALCER C	216 EXTERNAL CAUSE WAS		MONTH DAY YEA		OW INJURY OCCURRE	ED (ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PAR	T 2)	
ISIO SHO SHO SPA	MEDICAL	CONTRIBUTING CAUSE OF C	21e PLACE	FINJURY (ATHOME,		CATION					
ESSEE.	W	WHILE NOT WHILE C	STREET, FACT	ORY, FARM, ETC.)		STREET		RTOWN	COU	MIA	STATE
ATE SOR		22a I certify that I took charg	e of the remains des	cribed above, held on	Autop	sy . Inspectio	n Inqu	ury .	and in my ap	inian	
EXAMINER CERTIFICAT ULD BE FOR DIRECTOR. WITH THE		death resulted from: Natur	al couses .	Accident . S	icide	, Homicide	Undetermined	I monner			
EXAN CERTION E L DIRE 1, WITH		ACTUAL CAMSTIA	; 5. Ve	MAPN		TITLE (SPECIEY)	TV		DATE	7.7.	21
SHORT HERE	77	SIGNATURE		F. Town		MO	MEDICAL EX	AMINER	SIGNED	1. 1.	106
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIEL DESCRIPE STATES THE STA		(TYPE OR PRINT)	CISTIAN	E. JENSE		ADDRESS P.O.	BOX 67	o, vei	nton.	MD 21	647
		URIAL, CREMATION, REMOVAL 2	7.6.3	231. NAME OF CE			23d LOCATIO		COUN	TY S	TATE
BP	74 F	Burial		86 Junior (	urder	Cemetery 250 DATE	Preston	TOAD 264 DE	oline. GISTRAR'S SI	CALATURE	nd
DHMH - 17 (VR A15 ME (5))		NAME	ADDRESS	Federalsbu		60.00	1 1 1980	Li	Devides	n. Kandae	L .
20M 4/82	7.1	amptom-Hawkins	uneral Ho	me. 216 N.	Maly	St. JOUL	4 4	J	10-		

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	ET. SE.		EMMA			etc HEC	t	DEATH MATED	X/	48 8P	M
	FILE	3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN Y		R. IF UNDER 24 HRS.	PRONOUNCED	MUNITER	DAY YEAR	HOUR A
	ESSARY, PLEASE RAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS ESSON STREET,		F B/K	12 12	15000 (12	RS. MONTHS DAYS	HOURS AIN.	DEAD	7	30 86	AM
	JERAL DIR	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W		B. MAPPIED TO	VEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	SAS EST	000	LEEN ANNES	u	(S, A.	WIDOWED	DIVORCED [	CARE	LINI	2	MD
	SE SE SE	10 C1	TY OR TOWN OF DEATH		SPITAL, NURSING HOM	E, OR OTHER INSTIT	IUTION 120 LIFE	SUAL OCCUPATION	TYPE OF WORK	126 KIND OF BL	
	AEAEAX		DENTIN	[ IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)			RMOY OF WORKING LIFE)		OR INDUST	KT
_	SENTE O		CRESIDENCE (IF IN NURSING HOME OF						9.5	711.	77
21201	A AND SECOND	13a S	TATE MI 136 GOUNT	LINE	13c CITY OR TOWN	YES U		REET ADDRESS 20	700	305 DEN	ZON
MD. 2	S 1, 2, AN PM 3. RE VITAS SHO VITAS RE	14. F.A	THER'S NAME	4.7770	71214(0)		HER'S MAIDEN NAM	VE)	##T	· //en	
m, 5	N STH		FIRST A/EA	MIDDLE POI	to HELL		Mattalia	1 MIDDLE	ofteh	8 A	
OR	PAGE PAGE SIAN NOA	16a. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURI	TY NO. 17 INFO	RMANT	ADDRI	ESS	1200	
LTIN	RS AFTER DEATH G.GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND DIVISION OF WIR	[YI	S, NO, OR UNKNOWN)	WAR OR DATES)	1714-2/-	5961A					
¥	MITH WITH PIVIS	=	18 CAUSE OF DEATH (Enter onl			70-71				APPROXIMAT	FINTERVAL
ST.	SA SA		PART I DEATH WAS CAUSED	BY:		ASTROIN	TECTINA	BLEFDI	INC	BETWEEN ONSE	T AND DEATH
O	NAME OF THE PARTY		IMMEDIAT	E CAUSE (a)	R AS A CONSEQUENCE	OF	163 (1/1/1)	- DULTU	119	710	16
LS3	EXAM S		Conditions, if any, which	1	=naculi-	- C-ACT	POITE				
2.	E SA SA		gave rise to immediate couse (a) stating the under-	(b)	-KOSIVE	C31/21	KIIIS	<del></del>			
2 2	08370		lying cause last.	DUE 10, O	R AS A CONSEQUENCE	OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	"PENDING" I FF MEDIOAL E SED AS A BURI HEALTH AND AL, CREMATIO		PART 2 OTHER SIGNIFICANT CONDITIONS C	(c)	U BUT NOT BY LITER TO THE TO	WWW. 1017117 00 10101					
ORD	PENDING" MEDICAL AS A BU EALTH AN	z	CALED HE	(SO) A	OFF- ALA C	MINAL DISEASE OF CONDIT	JON GWEN IN PART 1 a				
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¥.	SHOUL ORD "4 CHIEF E USED TOFH URIAL	100	THE DATE OF OFERATION	140. COI4E	MINOR FOR WINCH OFE	RATION WAS FERE	JAMED:				
2	WORD WORD WORD BE US BE US BURIO	T.	210 EXTERNAL CAUSE WAS	216 TIME C	OF IN HIDY	I 21. HOW IN III	BY OCCUPATION OF THE	R NATURE OF INJURY IN ITEM	1004011000	YES .	NO
Ö	¥#±5₹P		UNDERLYING OR	HOUR A.	M. MONTH DAY YEA		KI OCCORRED (INTE	K HATORE OF INJURY IN HEM	IS PART I OR PA	NR1 2)	
Ö	ARTIFICA STANCE	MEDICAL	CONTRIBUTING CAUSE OF D		M. 19 OF INJURY (ATHOME,	21f LOCATION			2 0		
Ž	DED TO DEPARE	WED	WHILE DOT WHILE	STREET, FA	CTORY, FARM, ETC.)	STREET		CITY OR TOWN	CC	YTAUC	STATE
۵	AAG AAG		AT WORK AT WORK	1		20 20 1 2 2 2					
	ATE. ORV. JD., JD.		220. I certify that I taak charge	e of the remains de	escribed abave, held an	Autapsy .	Inspection X.	Inquiry	and in my a	pinian	
	A THE STATE OF THE		death resulted fram: Natur	al couses	Accident . S	uicide . Har	micide . Unde	etermined manner	].		
	XXA ERT ERT WIT WIT		all to	2 000	Janana	NITLE	(SPECIES)			771	01
	AL SOLUTION TO THE SOLUTION TO	1	SIGNATURE ANNUA	ne,	Pellocio	M.D.C.	ouly ME	DICAL EXAMINER	DATE	ED 13/2	86
	NEW STATE	-	EXAMINER'S NAME & DOT	the state of	Tourse	MAN	ON ROY	In Dais		4	
	A GEORGE		TYPE OR PRINT	IMP	JENSEN	ADDRES!	P.O. DON E	590, len	(on h	ND 216.	29_
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a Bi	PECHTIL PECHTION, REMOVAL 2	3b DATE	23C NAME OF CE	METERY OR CREMA	TORY 23d L	LOCATION TORTOWN	cou	INTY , S	TATE 1
	BP		DURIAL	8-2-80	O CHRSTE	RFIRLd	CEM (	ENTERVIL	( Qu	UREN ANN	. 1
	DHMH · 17	24. FI	INERAL CHRECTOR	/ JADORES	ss [ ] [	. 1	25a. DAJE BEC'D. E	4 4 4 4 4	EGISTRAR'S	SIGNATURE	
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STATE OF MARYLAND

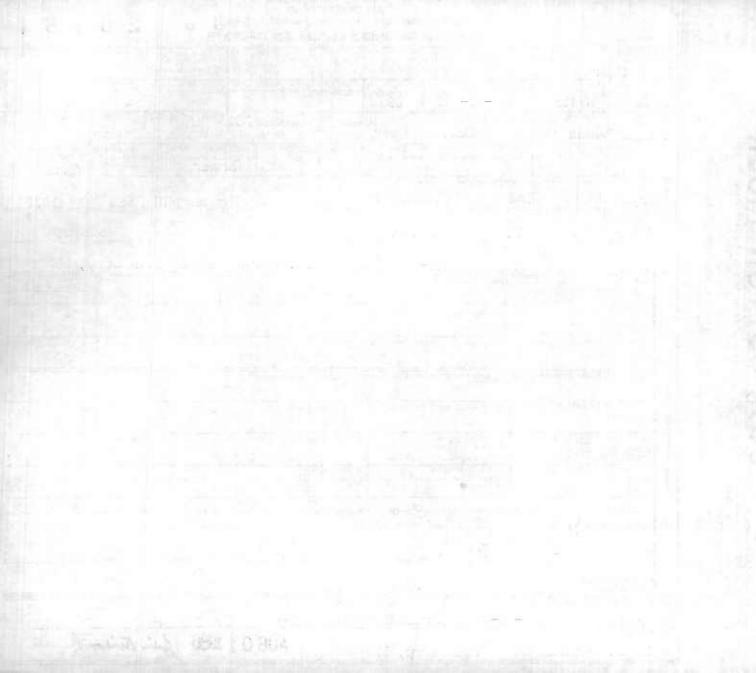


		1	FOR		0.004.071		OF MARYLAND	IENE 8 6 2	ni	5 0
	2112	1.	STATE REGISTRAR		DEPAKIN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	. 0 ,	4 0
1	3112		CEASED NAME FIRS		MIDDLE ROS	a Ann'	e Rodney	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	y be age 3 deoth	1,	Rosa	. Mod	Ney			7-16-86		1:05 %
	T po	3. SE	×	4. RACE	-	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	ge 4 ector rrs of	L	Female	What	ite	07-2	24-94	91 YRS	MONTHS. DATS	MIN.
	Po dir	198	RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR COUN		
	deoth	12	Maryland	U.S.		WIDOWE	DIVORCED	Caroline		MD.
10	y the fired with	10 C	DENTON OF DEATH	LIE NOT IN SUIT	THEACHITY GIVE STREET	ADDRESS)	ROTHER INSTITUTION an H.C. Cente:	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING HOMEMAKEY.		PF BUSINESS OR
212	no 12/49	USU	AL RESIDENCE (IF NURSING HO	OUNTY	. GIVE RESIDENCE BEFORE	ADMISSION)			DE.	
2	24 E A A A		Maryland	Kent	Rock Ha		138. INSIDE CITY LIMITS?	P. O. Box 233	2166	1
YLA		)     	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	LAS	
MAR	P 40 /9/	V	Frederick		LASI		Mari:	a Kirsehniek	LAS	
RE,	a de cecut		WAS DECEASED EVER IN U.:	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
I W	be e.	1	No		213-16-8	3762	Ethel Smith	son same as	s above	
BAL	icate hysicic ovol.		18 CAUSE OF DEATH (Entreme PART I. DEATH WAS C	ter only one cause per	line for (0), (b), on	d (ct.)		3	BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,	g ph sonp	17		EDIATE CAUSE (o)	Cardio	pul	menary a	mes!		
ON	oth c cark n, ar matic		8202		R AS A CONSEQUE	NCE OF	20.01		2	days
RES	a dec	14	Conditions, if any, which	te	DEMYD	RHI	000			
W. P	that the		couse 101, stating the		ORAS ACONSEQUI		CAIN SYND	ROME /CVA	14	veek
5, 20	gned en ple buri, o	7	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	// /- /	INAL DISEASE OR CONDITION O	IVEN IN PART 1	10
RECORDS	requestrated by injury	P	DIGOXIN	toxICITY	1 1146	erosi	0 00 1	sease, Diabete	1/ HYP	- Husta
AL REC	he low an. has be t permi	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WEREFINDIN TIFYING CAUSES YES []	
1	hysicia ronsid Hygi		21a. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	PART I OR PART 2)	to chitty alter
0	SICIA ng pl certif rright them	N N	(IF EITHER, NOTIFY MEDICAL EX	AMINER) P	.M.	19				
DIVISION OF VIT	G PHY offending of the bus ond M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE TO AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
0	NDIN I or of Use os teolth		22a.1 certify that (1) (this		1 6	1-	17	, to 1-16		that (I) (we) lost
	End Crape		sow the deceased oli above (I) (we) (did) (d	ve on did not) view the body	after death.	86 . on	d that in my (our) opinion	deoth occurred on the date and h	our and from the	couses stoted
1	Doch Br		77 SIGNATURE	F		1	DEGREE ATTENDING	MEDICAL . STAFF	22c. DATE	SIGNED
	by the line of the		274 PHYSICIAN'S NAME	THE OPPRINT	impay	nos	PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	/-	16-86
	TO FUNERAL should be der with the Siote		MARY	F. C	AMPA6	NOLO	8.0. B	OX 660 DEN	MOTI	Mo, 2629
	25 4-212	734	BURIAL CREMATION, HEMO	The state of the s		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP		Burial	07/19	/86 We	sley (	Chapel Cemete		Kent	MD
	DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 25b. REGI	F . 3. 10	URE
	(VRA 15, 4)	T	om Helfenbein	Funeral H	lome, Rock	Hall	MD 21661	1 2 2 1986 Friha	Davidson-A	ande

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- STAT					XAMINE					4 10		2	0 1	5	
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(NH CEN	(1947).									OF	ESTI- MATED	X MON	23-86,		
1. SEX	George 4 RACE	15	HENRY DATE OF BIRTH	10	AGE (IN YEAR	SPIFER		IF UNDER 2	A HRS 2	. DATE	MAIED	MONT		YEAR 2d H	
Male	Whi	ite	12 -17-	YE AR	69 YRS	MONTHS		HOURS		RONOUN	ICED			0.0	
. BJRTHP	LACE HAREOR		D. CITIZEN OF WH						VV I		ORE CITY	Y OR COU	DNY OF DEA		
	nsylvania	a	US	SA		WIDOWE	D NEV	DIVORCE		Caro	oline	Cou	nty		
CITYO	TOWN OF DEAT	TH I	I NAME OF HOSE			OR OTHER	R INSTITUT	ION		L OCCUP		TYPE OF WOR	VORK 12b. KIND OF BUSINES OR INDUSTRY		
gree.	skoro		Drapore			2+ 1	Box	511		mer	www.circy		_	rm	
30 STATE	LENCE (IF IN NUR	Caroli	OTHER INSTITUTION, GIV	13 CITY	OR TOWN	VI .	3d. INSIDE CIT		13e STREI	T ADDRE	SS				
		Caroli	ne	Greensboro			YES 🗌	NO X		aper	Mill	Road	oad 21639		
/	ES NAME		MIDDLE		ST		15 MOTHER	ST		AAI	DDLE		LAS		
	ECEASED EVER I	IN U.S. ARME	T. DEORCES?	Spiering  166 SOCIAL SECURITY NO.		NO. II	Gertrude  117. INFORMANT ADDRESS					SS	Schn	арр	
(YES, NO.	OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)		07-780			. Nor	ma F	200kg			oury,	MD	
yes	CAUSE OF DEATH		one couse per line			0	IVITS	. 1101	ma I	COOK:	, 3	all sk	APPRO	DXIMATE INTERV	
	PARTI DEATH WA	AS CAUSED B	Y: SI		n wound	of	chest						BETWEE	N ONSET AND D	
		IMMEDIATE		AS A CONS	EOUENCE OF	F									
	Conditions, if or		(b)												
	gove rise to immediate (b)  cause (a) stating the <u>under-lying cause last</u> .  DUE TO, OR AS A CONSEQUENCE OF														
	(c)														
Control of the Contro	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to .														
IFICATION	DATE OF OPERAT	TION	II9b. CONDIT	ONDITION FOR WHICH OPERATION WAS PERFORMED?						CAESTY ON					
IFIC.				The state of the s									ST'ONL		
	EXTERNAL CAUS		SPANOSI	M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I C								140			
LINIP	DERLYING ONTRIBUTING C	AUSE OF DE	ATH MIDNIG	HT 7-2	23-86		01+/+	nflia	+03						
MI .	INJURY OCCURRI		21e PLACE O	F INJURY DRY, FARM, ETC		211. LOC	alf/i	tide de de la		City On LO	VN		COUNTY		
AT	NORK AT WO	WHILE K	hom	9		Rt.	1 Bo	x 511	Dra	bers	Mill	Rd.	Green	sboro,	
	2a I certify that I t	taak charge c	of the remains desc	ribed ob	CHEST C	MIXIN	X.	Inspection	0.	Inquiry		and in my	apinion		
	228   certify that I taak charge of the remains described ob CHEST ON X, Inspection , Inquiry , and in my apinion death resulted from 1 Natural causes , Accident , Suicide X, Homicide , Undetermined manner ,														
	oth resulted from	TITLE (SPECIFY)													
dec		Wilhe	05. h.	1 1	111		THILL (SE								
dec		Welf	100 Me	You	L_	M.D	Assi		MEDIC	AL EXAM	INER	DAT	NED7-23	-86	
ACT SIGI	NATURE WINER'S NAME	Marga	100 Me	You	LMD		Assi	stant						-86	
ACT SIGI EXAL	MATUREMINER'S NAME E OR PRINT)		rita A. I			AI	Assi	stant 111 P	enn :	St. E				-86	
dec SIGI EXAL (TYP 23e BURIAL (SPECIFY	MINER'S NAME E OR PRINT)	MOVAL 23b	DATE	23c NA	AME OF CEME	AI	DDRESS	stant 111 P	enn S	St. E	Balto	)., Mo	d.	STATE	
dec SIGI EXAL ITYP 230 BURIAL (SPECIFY	MINER'S NAME E OR PRINT) CREMATION, RE  al DIRECTOR	MOVAL 23b		23c NA		AI	DDRESS	stant 111 P	enn S	St. E	Balto Sboro	)., Mo	d.	STATE MD	

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	1			ST	TE OF MARYLAND		
	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYO	GIENE 8 6	2015:
11391	1 DE	CEASED NAME EIRST	MIDDIE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oth o		ORPRINT) Alfred		Sti	nchcomb	7	1 86 7 53
poge deor	3. SE		4. RACE	5. DAT	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
ge 4 m ofte		Male	White		ruary 16, 1903	783 YR	
8 00 A		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	IED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
# 35		A Co., Maryland	USA		VED VI DIVORCED	Caroline	
B 21 3		TY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOM	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS C
# 55 50	D.	inton	Weslevan	Health	Care Center	Sales	Retired
10 10 10	USU	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSIO	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	JUE
2 2 2	130.	114 -		aston	YES NO X	Old Cordova F	
	14 F	ATHER'S NAME	IDOC   L	43 6011	15. MOTHER'S MAIDEN NA	AME	
	10	FIRST	MIDDLE	LAST	EIRST	MIDDLE	Mood
D E O E	1	Charles		nchcomb	Mary	@DDDESS	Wood 21666
Poges medico	160.	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY NO		stevens	ville,Md.21666
Po o e	-	No	21	8-01-9403	James Stind	chcomb 121 Litt	Teneck Road
physicion physicion propers. F movol.		18 CAUSE OF DEATH (Enter of			0	1.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
physici poper novol.		PART I. DEATH WAS CAUS	ED BY:	ota State	ic Pancreal	tic Cancer	
2 00000		IMMEDIA	ATE CAUSE (o)	CIU DIV.			
cordinate noti			DUE TO, OR AS A	CONSEQUENCE OF			The second second
deoth ce ottendin nove corb totion, or troumotic		Conditions, if ony, which gove rise to immediate	(p)				
		couse (o), stoting the	DUE TO, OR AS A	CONSEQUENCE OF			
by the ose rei		underlying couse lost	( (c)				
aned n ple burio ry, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH	UT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
auir sig Ther to b	Z	Diabeter	Molliter	1. OR4.	anic Brain	Syndmo. An.	emile, Atterosci
ow re prior	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION	FOR WHICH OFFRA	ION WAS PERFORMED		YES, WERE FINDINGS USED
	은					YES TO NOT	RTIFYING CAUSES OF DEATH?  YES NO NO
The I		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJ	IDV	217 HOW IN IURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	
Z S S S S S S S S S S S S S S S S S S S	400	OR CONTRIBUTING CAUSE OF D	LICHED A MA			TENTER MATURE OF INJURY IN THE	TO PART TO OR PART BY
itySiCla	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		1			
A Marie	8	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY CTORY, OEEICE, EARM, ETC	211 LOCATION	CITY OF TOWN	COUNTY STATE
After this e os the loth and a morked o	1	WHILE NOT WHILE AT WORK	TAT HOME, STREET, EA	CTORY, OFFICE, EARM, ETC			
Z = 50 = 10		22a   certify that (1) (this has	nital) attended the deci	eosed from NO	117 10 8	3 to JULV /	, 19, that (I) (we) I
7 - 0 5 0 0		sow the deceased alive a	-4 11 11	1986		n death occurred on the date and	
RECTOI red for ppt. of h		obose (I) (we) (Ind. (did r	not) view the body after	deoth.			22c. DATE SIGNED
te pe		776 SHGALATURE	1	11-	DEGREE	AAFDICAL STAFF	IZE. DATE SIGNED
. 4 . 4		Mari	( am Da	Unato 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-1-86
SPITAL A by th NERAL be deto e Store	7	224 PHYSICIAN STIAME (TYPE	OR PRINT)	11	22e ADDRESS	110 >	. 11. 01
HOSPITA		MARKI	CAMADY	1 / alnin 1	11 P.D. BO	9x 660, DE	WON, MDRI
TO HOSPITAL TO FUNERAL should be de with the Stote		MARKY	MILI	61000,	D		
F 5 F 0 7 Z 0	73u	BURIAL, CREMATION REMOVA	AL 236. DATE		F CEMETERY OR CREMATORY	CITY OR TOWN	e. AA. Md.
BP		Burial	3 July 86	Glen H		Pkl Glen Burni	-, ,
DUIANI 14 FOLL 1/50	24. F	UNERAL DIRECTOR			25a D/	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)		James S Kirk	lev. Glen I	ADDRESS Ma	ryland	L 3 - 1986 France	Naviday Pordalle
(4KO 13, 4)		James S Kirk	TEV. GIEN I	JUTIFIE & I'ld	I Y I COSTO	- 10 May 1	

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Annual Color

28,45%

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yom you	ter o	3. SEX		4	RACE		5. DATE C			6. AGE IN YE	ARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 185
ge 4	1304	r	nale		whi	te	MONTH 7	28	98	87		YRS.	DAYS	HOURS MIN.
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deorth unerg	C CIII		Delaware			JSA	WIDOWE	D.X	DIVORCED [	Car	oline	Co.		MD.
he ft	3	-	TY OR TOWN OF DEATH	1		OSPITAL, NURSI		OR OTHER IN	STITUTION	12a. USUAL O	CCUPATION FOR MOST OF WORK	UNG LIFE) IN	b. KIND OF	BUSINESS OR
6 1	Ped S	4	enton		Cardi		SING	HOM	ne	labo		M	D St	ate road
( 6 6 3 ) E	l be		L RESIDENCE (IF NURSING	HOME OR C		GIVE RESIDENCE BEFOR		13d INSIDE	CITY LIMITS?	13e. STREET A	DDRESS		23.4	
3 1	意動力	٨	Maryland		oline	Greens		YES X	NO 🗌		cademy	Stre	et	21639
erely after	Ash Me		THER'S NAME		DDLE	LACT	510-1	15. MOTHER	S MAIDEN NA	ME		0110		21000
MARY ed will	pu long	/	unknown	M	OULE	Wirts		ur	known		MIDDLE		LAST	
ecut d co			AS DECEASED EVER IN			166. SOCIAL SEC	URITY NO.	17 INFORM	ANT		ADDRESS	1		
ALTIMOR te be exec	Poge		ES, NO OR UNKNOWN) (1	WW	WAR OR DATES)	217-36-	1698	Hile	da B. W	lillis	Green	nsboro	o, MI	)
ALT of by Sicio	ol.		18. CAUSE OF DEATH (	nter only	one couse per	ine for (o), (b), o	nd (c).)							ATE INTERVAL
T., B	mov		PART I. DEATH WAS	CAUSED	BY: CAUSE (o)	respi	- 1	no f	Silvr	e			000	OCT ALL DEATH
N S Ger	oy me orientalia ase remove corbo I, cremotion, or re other troumotic		1/4/	MEDIATE	100	AS A CONSTOL	ENICE OF	1						
PRESTON he death o			Conditions, if ony, w	hich	( L)	AS A CONSEOL	2 W 6	uim				- 75		
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W.			underlying couse	lost.	DUE TO, OR	AS A CONSEOL	I C C	55 th	uchie	- I yers	disea	ese		
201 es til	uriol V. or		PART 2 OTHER SIGNIFI	CANTICO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN	PART I(a)	
RECORDS,  low requir os been sig	Then to b	O	Conge	eti	ve I	ean t	(a	ilux						
CO	prior	ATI	19a DATE OF OPERATIO	N	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOI	GS USED			
ne lo on.	ene ene	CERTIFICATION								YES 🗇	NO FX	ERTIFYING YES	CAUSES	NO [
ATA AL TH	Hygin 18 slk	CER	21a. ACCIDENT WAS UNDERLY	YING	216. TIME OF		-17	21c. HOW I	NJURY OCCUR				OR PART 2)	
OF OF			OR CONTRIBUTING CAUS		HOUR A.A	A. MONTH D	AY YEAR							
ON HYSH ding	Anniol-t Mentol or Item	MEDICAL	21d. INJURY OCCURRED		21e. PLACE C	OF INJURY		21f. LOCAT	ION					
DIVISION OF VIT NG PHYSICIAN: offending physic frer this certificat	s the	ME	WHILE NOT WHILE		(AT HOME STRE	ET, FACTORY, OFFICE,	FARM, ETC }	STREE	ET		CITY OR TOWN	C	OUNTY	STATE
O P P	se oi mor		22a.1 certify that (1) (the	is hospito	1) attended the	deceased from			. 19	, to		. 19	th	ot (I) (we) lost
TTEN parted	for of He 21 is		sow the deceased o above, (1) (we) (did)	live on_	1947	19		nd that in (my	() (our) opinion o		on the date and			
R A hos	ept.		226. SIGNATURE	(dia not)	view the body o	offer deoffi.		DEGREE				7	22c. DATE SI	IGNED
the the	te De			(0)	2-1	n	NO.		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	7	7/28	181
SPIT PER	AN AN		22d. PHYSICIAN'S NAME	TYPE OR	PRINT)			22e ADDRE		DIRECTORE	J FITTSICIAIN E		1-0	100
HOS	should be deto with the Stote [ IMPORTANT: #		JAMES.	COR	WIN	M.D.		box	660	PENT	y you	10	216	29
10 10	₹ § ₹		URIAL, CREMATION, REM		23b. DATE	23c	NAME OF C	EMETERY OR	CREMATORY	23d. LOCAT	ION			
BP		(	ourial		7-29-8	The Land III william			Cemeter	CITY O	ensbor	CA	ATY	MD
DHMH-16 30	M 2/80		ERAL DIRECTOR		1	0.	Λ	^	25a DATI		GISTRAR 25b. RE		SIGNATU	
(VRA 15,		20-	m Elso	we	eus.	ADDRESS	rall	inh	AUAL	0 1 198	6	Dende	P.	dies
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